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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 0)

*Complete if Known*

Application Number	10/788,466
Filing Date	March 1, 2004
First Named Inventor	Steve Louis SHAFER
Examiner Name	
Art Unit	1614
Attorney Docket No.	31167-2023

**METHOD OF PAYMENT (check all that apply)**

Check    Credit card    Money    Other    None  
Order

 Deposit Account:

Deposit Account Number

502651

Deposit Account Name

Torys LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
<b>SUBTOTAL (1)</b>			(\$ 0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3 **	=	0	X		=	0	
Multiple Dependent				X		=	0	
<b>Large Entity</b>	<b>Small Entity</b>							
Fee Code	Fee (\$)	Fee Code	Fee (\$)					
1202	18	2202	9					
1201	88	2201	44					
1203	300	2203	150					
1204	88	2204	44					
1205	18	2205	9					
<b>SUBTOTAL (2)</b>								(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 0)**SUBMITTED BY***Complete (if applicable)*

Name (Print/Type)	Robin Coster	Registration No. (Attorney/Agent)	38,016	Telephone	416.865.8248
Signature				Date	December 3, 2004

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 <b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/788,466
		Filing Date	March 1, 2004
		First Named Inventor	Steve Louis SHAFER
		Art Unit	
		Examiner Name	1614
Total Number of Pages in This Submission		Attorney Docket Number	31167-2023

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	TORYS LLP		
Signature			
Printed Name	Robin Coster		
Date	December 3, 2004	Reg. No.	38,016

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Robin Coster	Date	December 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO

**Complete if Known****INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1

of 2

Application Number	10/788,466
Filing Date	March 1, 2004
First Named Inventor	Shafer et al.
Art Unit	1614
Examiner Name	

Attorney Docket Number 31167-2023

**U. S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
		US- 4,885,173	12/05/1989	Stanley et al.	
		US- 5,507,277	04/16/1996	Rubsamen et al.	
		US- 5,694,919	12/09/1997	Rubsamen et al.	
		US- 5,724,957	03/10/1998	Rubsamen et al.	
		US- 5,735,263	04/07/1998	Rubsamen et al.	
		US- 5,910,301	06/08/1999	Farr et al.	
		US- 6,024,090	02/15/2000	Gonda et al.	
		US- 6,098,620	08/08/2000	Lloyd et al.	
		US- 6,264,981 B1	07/24/2001	Zhang et al.	
		US- 2002/0044966 A1	04/18/2002	Bartholomaeus et al.	
		US- 2002/0058050 A1	05/16/2002	Sackler et al.	
		US- 2003/0035837 A1	02/20/2003	Sackler et al.	
		US- 2003/0092701 A1	05/15/2003	Lalley	
		US- RE38,407 E	01/27/2004	Mezel et al.	
		US- 2004/0024006 A1	02/05/2004	Simon	
US-					

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449/PTO				<i>Complete if Known</i>	
				Application Number	10/788,466
				Filing Date	March 1, 2004
				First Named Inventor	Shafer et al.
				Art Unit	1614
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	31167-2023

<b>NON PATENT LITERATURE DOCUMENTS</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			
		"A Model of the Ventilatory Depressant Potency of Remifentanil in the Non-steady State" (2003), Volume 99, No. 4, Anesthesiology, pp 779-787			
		Orlando R. Hung, "Sustained Analgesic Effect of Aerosolized Liposome-Encapsulated Fentanyl"			

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.  
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